

10/551943

APPLICATION DATA SHEET**Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	ORAL PHARMACEUTICAL PREPARATION FOR PROTON PUMP ANTAGONISTS
Attorney Docket Number::	27010U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Rango
Middle Name::	
Family Name::	DIETRICH
Name Suffix::	
City of Residence::	Konstanz

State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Im Tiergarten 16,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78465

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Hartmut
Middle Name::
Family Name:: NEY
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Peter-Thumb-Str. 46,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78464

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Simone
Middle Name::
Family Name:: HILTL
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Clara-Schumann-Str. 8,
City of mailing address:: Konstanz

State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78464

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Bernd-Michael
Middle Name::
Family Name:: HAAS
Name Suffix::
City of Residence:: Reichenau
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: In der Abtswiese 22,
City of mailing address:: Reichenau
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78479

Correspondence Information

Correspondence Customer Number:: 034375
Name:: Gary M. Nath
Street of mailing address:: 1030 15th St., N.W., 6th Fl.,
City of mailing address:: Washington
State/Province of mailing address:: D.C.
Country of mailing address:: U.S.A.
Postal Code of mailing address:: 20005-1503
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Fax number:: 202-775-8396
E-Mail address:: ip@nathlaw.com

Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	103 17 023.5	11 April 2003 (11.04.2003)	Yes
EP	03008453.7	11 April 2003 (11.04.2003)	Yes

Assignee Information

Assignee name::	Altana Pharma AG
Street of mailing address::	Byk-Gulden-Str. 2
City of mailing address::	Konstanz
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	78467